FORT ATKINSON SUBACUTE CARE CENTER

Total Licensed Bed Capacity (12/31/00):

611 SHERMAN AVENUE E

FORT ATKINSON Phone: (920) 568-5200 Ownershi p: Nonprofit Church-Related 53538 Operated from 1/1 To 12/31 Days of Operation: 366 Highest Level License: Skilled Operate in Conjunction with Hospital? Yes Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/00): 28 Title 18 (Medicare) Certified? Yes

28

Number of Residents on 12/31/00: 22

Average Daily Census:

18

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/0	00) %				
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	100. 0
Supp. Home Care-Personal Care	No					1 - 4 Years	0. 0
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	9. 1	More Than 4 Years	0. 0
Day Services	No	Mental Illness (Org./Psy)	0.0	65 - 74	22.7		
Respite Care	Yes	Mental Illness (Other)	0.0	75 - 84	18. 2		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	45. 5	*************	*******
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	4. 5	95 & 0ver	4. 5	Full-Time Equival	ent
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100	Resi dents
Home Delivered Meals	No	Fractures	59. 1		100.0	(12/31/00)	
Other Meals	No	Cardi ovascul ar	0.0	65 & 0ver	90. 9	 	
Transportation	No	Cerebrovascul ar	9. 1			RNs	29. 5
Referral Service	No	Diabetes	0.0	Sex	%	LPNs	18. 2
Other Services	No	Respiratory	18. 2			Nursing Assistants	
Provi de Day Programmi ng for		Other Medical Conditions	9. 1	Male	36. 4	Aides & Orderlies	33. 4
Mentally Ill	No			Female	63. 6	i I	
Provi de Day Programming for			100.0				
Developmentally Disabled	No				100. 0		
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Method of Reimbursement

Medi care			Medi cai d														
	(Title 18)		(	(Title 19)			0ther		Pri	Private Pay			Managed Care			Percent	
			Per Die	Per Diem			m	Per Diem		n	Per Diem		n Per Diem 7			Total	Of All
Level of Care	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0. 00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	_		\$175.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	-		\$175.00	22	100. 0%
Intermediate				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Limited Care				0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Personal Care				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Residential Care				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Traumatic Brain Inj	j. 0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Ventilator-Dependen	nt 0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Total	19	100. 0		0	0.0		0	0.0		0	0. 0		3	100.0		22	100.0%

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County: Jefferson FORT ATKINSON SUBACUTE CARE CENTER

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Admissions, Discharges, and		Percent Distribution	n of Residents'	Condi t	i ons, Servi ces,	and Activities as of 12/	31/00
Deaths During Reporting Period							
					% Needi ng		Total
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	0.3	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	0.0	Bathi ng	0. 0		90. 9	9. 1	22
Other Nursing Homes	0.3	Dressi ng	4. 5		86. 4	9. 1	22
Acute Care Hospitals	99. 5	Transferri ng	0. 0		90. 9	9. 1	22
Psych. HospMR/DD Facilities	0.0	Toilet Use	0. 0		90. 9	9. 1	22
Rehabilitation Hospitals	0.0	Eati ng	95. 5		4. 5	0. 0	22
Other Locations	0.0	**************	*******	*****	*******	*********	*********
Total Number of Admissions	366	Conti nence		%	Special Treatm	ents	%
Percent Discharges To:		Indwelling Or Extern	nal Catheter	4. 5	Receiving Re	spiratory Care	0. 0
Private Home/No Home Health	46. 0	0cc/Freq. Incontine	nt of Bladder	9. 1	Recei vi ng Tr	acheostomy Care	0. 0
Private Home/With Home Health	26.8	0cc/Freq. Incontine	nt of Bowel	4. 5	Recei vi ng Su	cti oni ng	0. 0
Other Nursing Homes	4. 1				Receiving Os	tomy Care	0. 0
Acute Care Hospitals	16. 2	Mobility			Recei vi ng Tu	be Feeding	0. 0
Psych. HospMR/DD Facilities	0.0	Physically Restrain	ed	0.0	Receiving Me	chanically Altered Diets	0.0
Rehabilitation Hospitals	0.0						
Other Locations	6.6	Skin Care			Other Resident	Characteri sti cs	
Deaths	0. 3	With Pressure Sores		4. 5	Have Advance	Directives	36. 4
Total Number of Discharges		With Rashes		0.0	Medi cati ons		
(Including Deaths)	365				Receiving Ps	ychoactive Drugs	0. 0
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Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities

	Thi s	0ther	Hospi tal -		All
	Facility	Based I	acilities	Fac	cilties
	%	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	64. 3	87. 5	0. 73	84. 5	0. 76
Current Residents from In-County	86. 4	83. 6	1. 03	77. 5	1. 11
Admissions from In-County, Still Residing	5. 2	14. 5	0. 36	21. 5	0. 24
Admissions/Average Daily Census	2033. 3	194. 5	10. 45	124. 3	16. 36
Discharges/Average Daily Census	2027. 8	199. 6	10. 16	126. 1	16.09
Discharges To Private Residence/Average Daily Census	1477. 8	102. 6	14. 41	49. 9	29. 64
Residents Receiving Skilled Care	100. 0	91. 2	1. 10	83. 3	1. 20
Residents Aged 65 and Older	90. 9	91. 8	0. 99	87. 7	1. 04
Title 19 (Medicaid) Funded Residents	0. 0	66. 7	0. 00	69. 0	0. 00
Private Pay Funded Residents	0. 0	23. 3	0. 00	22. 6	0.00
Developmentally Disabled Residents	0. 0	1.4	0. 00	7. 6	0. 00
Mentally Ill Residents	0. 0	30. 6	0. 00	33. 3	0.00
General Medical Service Residents	9. 1	19. 2	0. 47	18. 4	0.49
Impaired ADL (Mean)*	44. 5	51.6	0. 86	49. 4	0. 90
Psychological Problems	0. 0	52. 8	0. 00	50. 1	0.00
Nursing Care Required (Mean)*	0. 6	7. 8	0. 07	7. 2	0. 08